

Consent to Receive Phone and Text Message Appointment Reminders

By signing below, I consent to receive automated telephone and text appointment reminders from the practice of Christina Agustin, MD.

I understand that message/data rates may apply to messages sent by the practice of Christina Agustin, MD, under my cell phone plan.

My text/mobile phone is: _____ (patient initials)

I understand that voicemail and text messaging is not a secure format of communication. There is some risk that individually identifiable health information or other sensitive or confidential information contained in such a voicemail or text may be misdirected, disclosed to or intercepted by unauthorized third parties. Information included in voicemail or text messages may include your first and last name, date/time of appointments, name of physician and physician phone number, or other pertinent information.

By signing below, I indicate I am the primary user for the mobile phone number listed above, I accept the risk explained above, and consent to receive voicemail and text messages via automated technology.

Patient Name: _____

Signature: _____

Date: _____ Date of Birth: _____